

FORM 1 VOLUNTARY PETITION

United States Bankruptcy Court		VOLUNTARY PETITION
District of		
IN RE (Name of debtor. If individual, enter Last, First, Middle) Maria Esther Jimenez de Rechetti		NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle)
ALL OTHER NAMES used by debtor in the last 6 years (include married, maiden and trade names) none		ALL OTHER NAMES used by the joint debtor in the last 6 years (include married, maiden and trade names)
SOC. SEC./TAX I.D. NO. (If more than one, state all) 608-88-4712		SOC. SEC./TAX I.D. NO. (If more than one, state all)
STREET ADDRESS OF DEBTOR (No. and street, city, state, zip) 46 Blossom Street Edison, NJ 08817		STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, zip)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS		COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS
MAILING ADDRESS OF DEBTOR (If different from street address)		MAILING ADDRESS OF JOINT DEBTOR (If different from street address)
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from addresses listed above)		Debtor has been domiciled or has had a residence, principal place <input type="checkbox"/> of business or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District.

INFORMATION REGARDING DEBTOR (Check applicable boxes)

<p>TYPE OF DEBTOR</p> <p><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation Publicly Held</p> <p><input type="checkbox"/> Joint (H&W) <input type="checkbox"/> Corporation Not Publicly Held</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Municipality</p> <p><input type="checkbox"/> Other _____</p> <p>NATURE OF DEBT</p> <p><input type="checkbox"/> Non-Business Consumer <input type="checkbox"/> Business - Complete A&B below</p> <p>A. TYPE OF BUSINESS (check one box)</p> <p><input type="checkbox"/> Farming <input type="checkbox"/> Transportation <input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing/ <input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Mining <input type="checkbox"/> Real Estate</p> <p><input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Other Business</p> <p>B. BRIEFLY DESCRIBE NATURE OF BUSINESS</p>	<p>CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box)</p> <p><input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13</p> <p><input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> § 304-Case Ancillary to Foreign Proceeding</p> <p>FILING FEE (Check one box)</p> <p><input type="checkbox"/> Filing fee attached.</p> <p><input type="checkbox"/> Filing fee to be paid in installments. (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b), see Official Form No. 3</p> <p>NAME AND ADDRESS OF LAW FIRM OR ATTORNEY</p> <p>Anna C. Little, Esq. Tunney Little L.L.C. 300 Kimball St, suite 106 Woodbridge, NJ 07095 Telephone No. _____</p> <p>NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT THE DEBTOR</p> <p>Anna C. Little, Esq.</p> <p><input type="checkbox"/> Debtor is not represented by an attorney. Telephone no. of debtor not represented by an attorney: () _____</p>
<p>STATISTICAL ADMINISTRATIVE INFORMATION (28 U.S.C. § 604) (Estimates only) (Check applicable boxes)</p> <p><input type="checkbox"/> Debtor estimates that funds will be available for distribution</p> <p><input checked="" type="checkbox"/> Debtor estimates that after any exempt property is excluded, there will be no funds available for distribution</p>	

☐ Debtor estimates that funds will be available for distribution

☒ Debtor estimates that after any exempt property is excluded, there will be no funds available for distribution

ESTIMATED NUMBER OF CREDITORS

☐ 1-15 ☒ 16-49 ☐ 50-99 ☐ 100-1

ESTIMATED ASSETS (in thousands of dollars)

☐ Under 50 ☐ 50-99 ☐ 100-499 ☐ 500-999 ☐ 1000-9

ESTIMATED LIABILITIES (in thousands of dollars)

☐ Under 50 ☐ 50-99 ☐ 100-499 ☐ 500-999 ☐ 1000-9

ESTIMATED NUMBER OF EMPLOYEES - CH 11 & 12 OF

☐ 0 ☐ 1-19 ☐ 20-99

ESTIMATED NO. OF EQUITY SECURITY HOLDERS - C

☐ 0 ☐ 1-19 ☐ 20-99

UNITED STATES BANKRUPTCY COURT		RECEIPT
District of New Jersey		
Case # 02-56889 TMS	Chapter 7	# 000172717 - MB
Filed: 8:30 AM, 06/17/02	Trenton	01:40 PM, June 17, 2002
Judge: Morris Stern		Code Qty Amount
Trustee: Peggy Stalford		NF 1 \$30.00
Debtor(s):		07 1 \$170.00
Maria Esther Jimenez de Rechetti		
First Meeting of Creditors		
01:00 PM, July 09, 2002		
Trenton - chapter 7		
U.S. Courthouse		
402 East State Street, Room 129		
Trenton, NJ 08608-1507		
		TOTAL PAID: \$200.00
		From: Anna C Little
		300 Kimball Street
		Suite 106
		Woodbridge, NJ 07095
		3



Name of Debtor _____ Case No. _____

(Court use only)

FILING OF PLAN

For Chapter 9, 11, 12 and 13 cases only. Check appropriate box.

☐ A copy of debtor's proposed plan dated _____ is attached. ☐ Debtor intends to file a plan within the time allowed by statute, rule, or order of the court.

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)

Location Where Filed	Case Number	Date Filed

PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THIS DEBTOR (If more than one, attach additional sheet.)

Name of Debtor	Case Number	Date

Relationship	District	Judge

REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

SIGNATURES

ATTORNEY

X _____ Date _____
Signature

INDIVIDUAL /JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition is true and correct.

X _____
Signature of Debtor
DateX _____
Signature of Joint Debtor
Date

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition is true and correct, and that the filing of this petition on behalf of the debtor has been authorized.

X _____
Signature of Authorized Individual_____
Print or Type Name of Authorized Individual_____
Title of Individual Authorized by Debtor to File this Petition
Date

EXHIBIT "A" (To be completed if debtor is a corporation requesting relief under chapter 11.)

☐ Exhibit "A" is attached and made a part of this petition.

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS (See P.L. 98-353 § 322)

I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 of such title.

If I am represented by an attorney, exhibit "B" has been completed.

X _____ Date _____
Signature of DebtorX _____ Date _____
Signature of Joint Debtor

EXHIBIT "B" (To be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X _____ Date _____
Signature of Attorney

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Maria JIMENEZ DE RICHETTI

Debtor(s)

Case No.

(If Known)

See summary below for the list of schedules. Include Unsworn Declaration under Penalty of Perjury at the end.

GENERAL INSTRUCTIONS: Schedules D, E and F have been designed for the listing of each claim only once. Even when a claim is secured only in part, or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed in Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

Name of Schedule	Attached (Yes No)	Number of sheets	Amounts Scheduled		
			Assets	Liabilities	Other
A - Real Property	Y	1	10,233.49		
B - Personal Property	Y	2	2604.41		
C - Property Claimed as Exempt	Y	1			
D - Creditors Holding Secured Claims	N	1			
E - Creditors Holding Unsecured Priority Claims	N	1		00.00	
F - Creditors Holding Unsecured Nonpriority Claims	Y	2		17352.18	
G - Executory Contracts and Unexpired Leases	N	1			
H - Codebtors	N	1			
I - Current Income of Individual Debtor(s)	Y	14			1905.76 net
J - Current Expenditures of Individual Debtor(s)	Y	1			1523.60
Total Number of Sheets of All Schedules		25			
Total Assets			12837.90		
Total Liabilities				17352.18	

In re: Maria JIMENEZ DE RECHETTI

Debtor(s)

Case No.

(if known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
46 Blossom Street Edison NJ	50% owner		203,900.00	193,666.51

Total ->

\$ 10,233.49

(Report also on Summary of Schedules.)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home- stead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public util- ities, telephone companies, land- lords, and others.	X			
4. Household goods and furnishings including audio, video and computer equipment.		TV, Computer, Bedroom Set, dining set, VCR, refrigerator, Stove		\$1617.50
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		assorted casual clothes		\$600.00
7. Furs and jewelry.	X			
8. Firearms and sports, photo- graphic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			



In re:

Debtor(s)

Case No.

(if known)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
10. Annuities. Itemize and name each issuer.	X	The Robert Plan Retirement Savings Plan		\$386.91
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.				
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interest in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15. Accounts receivable.				
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment, and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed. Itemize.	X			

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules)

Total ->

\$ 2604.41

____ continuation sheets attached



In re: Maria JIMENEZ DE RECHETTI

Debtor(s)

Case No.

(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one box)

- ☒ 11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C. § 522(d). Note: These exemptions are available only in certain states.
- ☐ 11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
46 Blossom Street Edison NJ	11 U.S.C. §522 (b)(1)	203,900.00	193,666.51
TV, Computer, Bedroom Set, dining set, VCR, refrigerator, Stove	11 U.S.C. §522 (b)(1)	\$1617.50	\$1617.50
assorted casual clothes	11 U.S.C. §522 (b)(1)		\$600.00
The Robert Plan Retirement Savings Plan	11 U.S.C. §522 (b)(1)		\$386.91

In re: Maria JIMENEZ DE RECHETTI

Debtor(s)

Case No.

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C U O D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			

continuation sheets attached

Subtotal ->
(Total of this page)

\$

Total ->
(use only on last page)

\$

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on Summary of Schedules)

In re: Maria JIMENEZ DE RECHETTI

Debtor(s)

Case No.

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E

TYPE OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507 (a) (2).
- ☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$2000 per employee, earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (3).
- ☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (4).
- ☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to a maximum of \$2000 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507 (a) (5).
- ☐ Deposits by individuals
Claims of individuals up to a maximum of \$900 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507 (a) (6).
- ☐ Taxes and Certain Other Debts Owed to Governmental Units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507 (a) (7).
- ☐ Commitments to Maintain the Capital of an Insured Depository Institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a) (8).

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C U D *	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
A/C#						
A/C#						
A/C#						
A/C#						
A/C#						

Continuation sheets attached.

Subtotal ->
(Total of this page)

\$

Total ->

\$

(use only on last page of the completed Schedule E)

(Report total also on Summary of Schedules)

* If contingent, enter C; if unliquidated, enter U; if disputer, enter D.



In re: Maria JIMENEZ DE RECHETTI

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO DE B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
A/C # 603-180-601-5873-839 Fingerhut P.O.Box 2900 St. Cloud, MN 56395-2900					214.31
A/C # 6019-1703-1025-2223 PC Richard c/o GE Capital Cons Cardco P.O.Box 9001557 Louisville KY, 40290-1557					940.00
A/C # 5260-3123-8004-4423 Chase P.O.Box 15651 Wilmington, DE 19886-5651					1036.83
A/C # 779186097-406 Grolier Books P.O.Box 6014 Jefferson City, MO 65102-6014					153.34
A/C # 03 60677 33879 8 Sears P.O.Box 182149 Columbus, OH 432018-2149					2419.09
A/C # 030-5307-811 Kohl's P.O.Box 2983 Milwaukee, WI 53201-2983					1989.77
A/C # 50189629087 Dymacol 3070 Lawson Blvd. P.O.Box 9017 Oceanside NY 11572-9017					36.28
A/C # 5424 1803 4645 3001 Citi Cards P.O.Box 8117 S. Hackensack, NJ 07606-8117					1626.80
A/C # 327 3016 0045 3391 HRS USA P.O.Box 17602 Baltimore MD 21297-1602					1184.29
Subtotal -> (Total of this page)					\$ 9600.71
Total -> (Report total also on Summary of Schedules)					\$

Sheet no. 1 of 2 sheets attached to Schedule of Creditors
Holding Nonpriority Claims.

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(use only on last page of completed Schedule F.)

(Report total also on Summary of Schedules)

Form 86 F, Cont. (10-89)

Julius Blumberg, Inc. NYC 10013

In re: Maria JIMENEZ de RECHETTI

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO DE BT	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
A/C # 174310 Modern Diagnostics P.O.Box 5299 Somerset, NJ 08875-5299					100.00
A/C # 5307-5820-8029-4919 Capitol One P.O.Box 85184 Richmond VA 23285-5184					787.23
A/C # 43 001 116 453 Macy's P.O.Box 4564 Carol Stream, IL 60197-4564					599.27
A/C # 50-446-801-896 Macy's P.O.Box 4564 Carol Stream, IL 60197-4564					463.38
A/C # 5458-0012-6100-4133 Direct Merchants Bank P.O.Box 17660 Baltimore, MD 21297-1660					3501.97
A/C # 5424 18034645 3001 Citi Platinum Card P.O.Box 6500 Sioux Falls, SD 57117					1519.62
A/C # 51 9160 202813 5 The Home Depot Card P.O.Box 105981 Dept.51 Atlanta GA 30353-5981					480.00
A/C # 005420513 Robert Wood Johnson P.O.Box 2631 New Brunswick, NJ 08903					300.00
A/C #					

Sheet no. 2 of 2 sheets attached to Schedule of Creditors
Holding Nonpriority Claims.

Subtotal ->
(Total of this page)

\$ 7751.47

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

Total ->
(use only on last page of completed Schedule F.)
(Report total also on Summary of Schedules)

\$ 17352.18

In re: Maria JIMENEZ DE RECHETTI

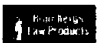
Debtor(s)

Case No.

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



In re: Maria Jimenez De RICHETTI

Debtor(s)

Case No.

(If known)

SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

In re: Maria Jimenez De Richetti

Debtor(s)

Case No.

(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE		
	NAMES	AGE	RELATIONSHIP
single	Carol Leon Juan RAMIREZ		daughter nephew
Employment:	DEBTOR		SPOUSE
Occupation			
Name of Employer	Duo Building Maintenance Inc.		
How long employed			
Address of Employer	P.O.Box 1167 Highstown, NJ 08520		

Income: (Estimate of average monthly income)

DEBTOR

SPOUSE

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)	\$ 562.50	\$
Estimate monthly overtime	00.00	
SUBTOTAL	\$ 562.50	\$
LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	86.06	
b. Insurance		
c. Union dues		
d. Other (Specify)		

SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 86.06	\$
TOTAL NET MONTHLY TAKE HOME PAY	\$ 476.44	\$

Regular income from operation of business or profession or farm

(attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's

use or that of dependents listed above.

Social security or other government assistance (Specify)

Pension or retirement income

Other monthly income (Specify)

TOTAL MONTHLY INCOME	\$ 1905.76	\$
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TOTAL COMBINED MONTHLY INCOME	\$	(Report also on Summary of Schedules)
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Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:



In re: Maria JIMENEZ DE RECHETTI

Debtor(s)

Case No.

(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home) \$ 940.27

Are real estate taxes included? ☒ Yes ☐ No Is property insurance included? ☒ Yes ☐ No

Utilities Electricity and heating fuel 00.00
Water and sewer 18.33
Telephone 85.00
Other

Home maintenance (repairs and upkeep) 30.00

Food 150.00

Clothing 50.00

Laundry and dry cleaning 30.00

Medical and dental expenses 75.00

Transportation (not including car payments) 50.00

Recreation, clubs and entertainment, newspapers, magazines, etc. 50.00

Charitable contributions 00.00

Insurance (not deducted from wages or included in home mortgage payments)

Homeowner's or renter's 00.00

Life 00.00

Health 00.00

Auto 45.00

Other

Taxes (not deducted from wages or included in home mortgage payments)
(Specify)

Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)

Auto

Other

Alimony, maintenance, and support paid to others

Payments for support of additional dependents not living at your home

Regular expenses from operation of business, profession, or farm (attach detailed statement)

Other

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 1523.60

(FOR CHAPTER 12 AND 13 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income \$ 1905.76

B. Total projected monthly expenses 1523.60

C. Excess income (A minus B) \$ 382.16

D. Total amount to be paid into plan each (interval) \$



Earnings Statement

Period Ending: 04/15/2002
Pay Date: 04/18/2002

MARIA JIMENEZ
46 BLOSSOM ST.
EDISON, NJ 08817

CO. FILE DEPT. CLOCK NUMBER
JE6 000105 006001 0000038239 1

DUO BUILDING MAINTENANCE, INC.
P.O. BOX 1167
HIGHTSTOWN, NJ 08520

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
State: Table B

Social Security Number: 608-88-4712

Earnings	rate	hours	this period	year to date
Regular	562.50		562.50	
Gross Pay			\$562.50	4,500.00

Deductions	Statutory
Federal Income Tax	-29.38
Social Security Tax	-34.87
Medicare Tax	-8.16
NJ State Income Tax	-8.44
NJ SUI/SDI Tax	-5.21
Net Pay	\$476.44

Your federal taxable wages this period are \$562.50

Earnings Statement

CO. FILE DEPT. CLOCK NUMBER
 JE6 000105 006001 0000038429 1

DUO BUILDING MAINTENANCE, INC.
 P.O. BOX 1167
 HIGHTSTOWN, NJ 08520

Period Ending: 04/30/2002
 Pay Date: 05/03/2002

MARIA JIMENEZ
 46 BLOSSOM ST.
 EDISON, NJ 08817

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 State: Table B

Social Security Number: 608-88-4712

Earnings	rate	hours	this period	year to date
Regular	562.50		562.50	
Gross Pay			\$562.50	5,062.50

Deductions	Statutory
Federal Income Tax	264.42
Social Security Tax	313.88
Medicare Tax	73.41
NJ State Income Tax	75.96
NJ SUI/SDI Tax	46.83
Net Pay	\$476.44

Your federal taxable wages this period are \$562.50



Earnings Statement



Period Ending: 03/31/2002
Pay Date: 04/03/2002

MARIA JIMENEZ
46 BLOSSOM ST.
EDISON, NJ 08817

CO. FILE DEPT. CLOCK NUMBER
JE6 000105 006001 0000038058 1

DUO BUILDING MAINTENANCE, INC.
P.O. BOX 1167
HIGHTSTOWN, NJ 08520

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
State: Table B

Social Security Number: 608-88-4712

Earnings	rate	hours	this period	year to date
Regular	562.50		562.50	
	Gross Pay		\$562.50	3,937.50

Deductions	Statutory	
Federal Income Tax	-29.38	205.66
Social Security Tax	-34.88	244.13
Medicare Tax	-8.15	57.09
NJ State Income Tax	-8.44	59.08
NJ SUI/SDI Tax	-5.20	36.42
	Net Pay	\$476.45

Your federal taxable wages this period are \$562.50



Earnings Statement

Period Ending: 02/15/2002
Pay Date: 02/20/2002

MARIA JIMENEZ
46 BLOSSOM ST.
EDISON, NJ 08817

CO. FILE DEPT. CLOCK NUMBER
JE6 000105 006001 0000037523 1

DUO BUILDING MAINTENANCE, INC.
P.O. BOX 1167
HIGHTSTOWN, NJ 08520

Social Security Number: 608-88-4712
Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
State: Table B

Earnings	rate	hours	this period	year to date
Regular	562.50		562.50	
	Gross Pay		\$562.50	2,250.00

Deductions	Statutory
	Federal Income Tax -29.38
	Social Security Tax -34.87
	Medicare Tax -8.16
	NJ State Income Tax -8.44
	NJ SUI/SDI Tax -5.20
	Net Pay \$476.45

Your federal taxable wages this period are \$562.50

OMB No. 1545-0085

Use the IRS label. Otherwise, please print or type.

MARIA JIMENEZ

Your social security number
608-88-4712
Spouse's social security no.46 BLOSSOM ST
EDISON NJ 08817-

▲ Important! ▲

You must enter your
SSN(s) above.Presidential
Election Campaign
(See instructions.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You Spouse
Yes No Yes NoFiling
status

- 1 ☐ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's social security number above and full name here. ▶
- 4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See instructions.)

Check only
one box.

Exemptions

- 6a
- ☒
- Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.

No. of boxes
checked on
6a and 6b 1

- b
- ☐
- Spouse

c Dependents: If more than seven
dependents, see instructions.(2) Dependent's social
security number(3) Dependent's
relationship
to you(4) ☒ if qual-
ifying child
for child tax
credit (see
instructions)No. of your
children on
6c who:

(1) First name

Last name

● lived with
you 2

CAROL LEON

136-04-8827

DAUGHTER

☒

JUAN RAMIREZ

918-77-3266

NEPHEW

☐● did not live
with you due
to divorce
or separation
(see inst.) 0Dependents
on 6c not
entered above 0Add numbers
entered on
lines above 3

d Total number of exemptions claimed.

Income

Attach
Form(s)
W-2 here.
Also attach
Form(s)
1099-R if tax
was withheld.If you did not
get a W-2, see
instructions.Enclose, but do
not attach, any
payment.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 9,530.

8a Taxable interest. Attach Schedule 1 if required.

8a

b Tax-exempt interest. Do not include on line 8a.

8b

9 Ordinary dividends. Attach Schedule 1 if required.

9

10 Capital gain distributions (see instructions).

10

11a Total IRA
distributions.

11a

11b Taxable amount
(see instructions).

11b

12a Total pensions
and annuities.

12a

12b Taxable amount
(see instructions).

12b

13 Unemployment compensation, qualified state tuition program earnings,
and Alaska Permanent Fund dividends.

13

14a Social security
benefits.

14a

14b Taxable amount
(see instructions).

14b

15 Add lines 7 through 14b (far right column). This is your total income.

▶ 15 9,530.

Copyright 2001
Greatland/Nelco L.P. -
Forms Software OnlyAdjusted
gross
income

16 IRA deduction (see instructions).

16

17 Student loan interest deduction (see instructions).

17

18 Add lines 16 and 17. These are your total adjustments.

18

19 Subtract line 18 from line 15. This is your adjusted gross income.

▶ 19 9,530.

Tax, credits, and payments

Standard Deduction for --

- People who checked any box on line 21a or 21b or who can be claimed as a dependent, see instructions.
- All others:
 - Single, \$4,550
 - Head of household, \$6,650
 - Married filing jointly or Qualifying widow(er), \$7,600
 - Married filing separately, \$3,800

20	Enter the amount from line 19 (adjusted gross income).	20	9,530.
21a	Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind <input type="checkbox"/> Blind Enter number of boxes checked 21a		
b	If you are married filing separately and your spouse itemizes deductions, see instructions and check here 21b		
22	Enter your standard deduction (see left margin).	22	6,650.
23	Subtract line 22 from line 20. If line 22 is more than line 20, enter -0-.	23	2,880.
24	Multiply \$2,900 by the total number of exemptions claimed on line 6d.	24	8,700.
25	Subtract line 24 from line 23. If line 24 is more than line 23, enter -0-.		
	This is your taxable income .	25	0
26	Tax, including any alternative minimum tax (see instructions).	26	
27	Credit for child and dependent care expenses. Attach Schedule 2.	27	
28	Credit for the elderly or the disabled. Attach Schedule 3.	28	
29	Education credits. Attach Form 8863.	29	
30	Rate reduction credit. See worksheet in the instructions.	30	
31	Child tax credit (see instructions).	31	
32	Adoption credit. Attach Form 8839.	32	
33	Add lines 27 through 32. These are your total credits .	33	
34	Subtract line 33 from line 26. If line 33 is more than line 26, enter -0-.	34	
35	Advance earned income credit payments from Form(s) W-2.	35	
36	Add lines 34 and 35. This is your total tax .	36	
37	Federal income tax withheld from Forms W-2 and 1099.	37	600.
38	2001 estimated tax payments and amount applied from 2000 return.	38	
39a	Earned income credit (EIC).	39a	2,428.
b	Nontaxable earned income. 39b		
40	Additional child tax credit. Attach Form 8812.	40	
41	Add lines 37, 38, 39a, and 40. These are your total payments .	41	3,028.

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 43b, 43c, and 43d.

42	If line 41 is more than line 36, subtract line 36 from line 41. This is the amount you overpaid .	42	3,028.
43a	Amount of line 42 you want refunded to you .	43a	3,028.
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input type="text"/>		
44	Amount of line 42 you want applied to your 2002 estimated tax .	44	

Amount you owe

45	Amount you owe . Subtract line 41 from line 36. For details on how to pay, see instructions.	45	
46	Estimated tax penalty (see instructions).	46	

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No		
Designee's name <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature <input type="text"/>	Date <input type="text"/>	Your occupation MAINTENANCE	Daytime phone number 732-572-7182
Spouse's signature. If a joint rtn., both must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation	

Paid preparer's use only

Preparer's signature <input type="text"/>	Date 03/06/2002	Check if self-employed <input type="checkbox"/>	Preparer's SSN/PTIN P00132865
Firm's name (or yours if self-employed), address, and ZIP code HR TAX 46A PEARL STREET NORTH PLAINFIELD NJ NJ 07060-	EIN 13-0320593	Phone no. 908-561-8450	

SCHEDULE EIC
(Form 1040A or 1040)**Earned Income Credit
Qualifying Child Information**

1040A

1040

EIC

OMB No. 1545-0074

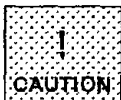
2001Attachment
Sequence No. **43**Department of the Treasury
Internal Revenue Service (99)Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

Name(s) shown on return

MARIA JIMENEZ

Your social security no.

608-88-4712

Before you begin:See the instructions for Form 1040A, lines 39a and 39b, or Form 1040, lines 61a and 61b,
to make sure that (a) you can take the EIC and (b) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information**Child 1****Child 2**

	First name	Last name	First name	Last name
1 Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	CAROL	LEON		
2 Child's SSN The child must have an SSN as defined in the Form 1040A instructions or Form 1040 instructions unless the child was born and died in 2001. If your child was born and died in 2001 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	136-04-8827			
3 Child's year of birth	Year <u>1988</u> If born after 1982, skip lines 4a and 4b; go to line 5.		Year _____ If born after 1982, skip lines 4a and 4b; go to line 5.	
4 If the child was born before 1983 --				
a Was the child under age 24 at the end of 2001 and a student?	<input checked="" type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue
b Was the child permanently and totally disabled during any part of 2001?	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, foster child, etc.)	DAUGHTER			
6 Number of months child lived with you in the United States during 2001 • If the child lived with you for more than half of 2001 but less than 7 months, enter "7". • If the child was born or died in 2001 and your home was the child's home for the entire time he or she was alive during 2001, enter "12".	<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2001, (b) is claimed as your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details, see the instructions for line 40 of Form 1040A or line 63 of Form 1040.

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2001

CAA

1 EIC1

NTF 2554191

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US Schedule EIC

Earned Income Credit Worksheet

2001

Name: MARIA JIMENEZ

SSN: 608-88-4712

Questions to see if you can take the earned income credit

1. Is your filing status married filing separately?
☐ Yes - STOP. You cannot take the credit. ☒ No - Go to question 2.
2. Were you or your spouse a qualifying EIC child of another person in 2001?
☐ Yes - STOP. You cannot take the credit. ☒ No - Go to question 3.
3. Was your home in the United States for more than half of the year 2001?
☐ No - STOP. You cannot take the credit. ☒ Yes - Go to question 4.
4. Is your disqualified income (taxable and tax-exempt interest, dividends, net rent and royalty income, capital gains and passive income = _____) over \$2450?
☐ Yes - STOP. You cannot take the credit. ☒ No - Go to question 5.
5. Do you have at least one qualifying child?
☒ Yes - Go to question 5a. ☐ No - Go to question 8.
- a If the child is not married, check Yes. If the child is married, is the taxpayer claiming the child as a dependent? ☒ Yes ☐ No CAROL
If "Yes", go to question 5b.
- b Is the taxpayer's modified AGI higher than the modified AGI of any other taxpayers for whom the child is a qualifying child? ☒ Yes ☐ No CAROL
If "Yes", go to question 6.

Questions 6 and 7 apply to taxpayers having qualifying children.

6. Is the total of your taxable and nontaxable earned income less than \$28,281 (less than \$32,121 if you have more than one qualifying child)?
☐ No - STOP. You cannot take the credit. ☒ Yes - Go to question 7.
7. Is your modified adjusted gross income less than \$28,281 (\$32,121)?
☐ No - STOP. You cannot take the credit. ☒ Yes - Figure credit.

Questions 8 through 11 to taxpayers having no qualifying children.

8. Were you (or your spouse if filing jointly) at least 25 years of age but under 65 at the end of 2001?
☐ No - STOP. You cannot take the credit. ☐ Yes - Go to question 9.
9. Can someone else claim you as a dependent?
☐ Yes - STOP. You cannot take the credit. ☐ No - Go to question 10.
10. Is the total of your taxable and nontaxable earned income less than \$10,710?
☐ No - STOP. You cannot take the credit. ☐ Yes - Go to question 11.
11. Is your modified adjusted gross income less than \$10,710?
☐ No - STOP. You cannot take the credit. ☐ Yes - Figure credit.

Figure Your Credit

1. Amount from 1040 or 1040A, line 7, 1040EZ, line 1 Enter the amount included in line 1 that was paid:	9,530.
a to penal institution inmates for their work	
b as workfare payments	
2. Taxable scholarship or fellowship grant not reported on W2(s)	
3. Line 1 minus line 1a, line 1b, and line 2	9,530.
4. If you received any nontaxable earned income (such as military housing, subsistence allowances, rental or housing for clergy, tax-free combat pay, deferred compensation, dependent care benefits, cafeteria plans, meals and lodging furnished by an employer, etc., enter the amounts below. Amounts from W2s, boxes 10, 12, and 14 Other amounts listed on the W2 stub not shown above	
5. If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check <input type="checkbox"/>	
6. Add lines 3, 4, and 5	9,530.
7. Credit from EIC table on line 6 income	2,428.
8. Adjusted gross income	9,530.
Modifications	
Modified AGI	9,530.
9. EIC amount on line 8, if line 8 is greater than \$5,949 (no child) or \$13,099 (at least 1 qualifying child)	
10. Earned income credit. If line 8 is less than \$5,949 (\$13,099) then enter line 7; otherwise enter the smaller of lines 7 or 9.	2,428.

NJ- 1040/
HR- 1040
2001

PAGE 1



STATE OF NEW JERSEY INCOME TAX -- RESIDENT RETURN
HOMESTEAD REBATE APPLICATION

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2001 or Other Tax Year

Beginning _____, 2001 Month Ending _____

THIS IS PAGE 1 OF YOUR 2001 NJ- 1040/ HR- 1040. IT MUST
BE FILED IN ORDER FOR YOUR RETURN TO BE PROCESSED

1034

Name 608-88-4712
and JIMENEZ MARIA
Address 46 BLOSSOM ST
EDISON

JIME

000-00-0000

2012

NJ 08817-0000

001	00	014	9083	038	0	008	9083
EXT	0	15a	0	039	0	009	0
FS	4	15b	0	041	0	MS	0
006	1	016	0	042	0	010	9083
007	0	017	0	043	0	012	2
008	0	018	0	044	0	13B	0
009	2	19a	0	045	0	13L	0
010	0	19b	0	046	364	13Q	0
011	0	19c	0	047	0	14a	2
12a	1	020	0	048	0	14b	2
12b	2	021	0	049	364	14c	2
13F	000000	022	0	050	0	14d	2
13T	000000	023	0	051	364	015	0
GEF	0	024	0	052	0	16a	0
DNM	0	025	0	053	0	16b	0
22c	0	026	9083	054	0	017	3600
22I	0	028	0	055	0	18a	3600
PA	0	30c	4000	056	0	18b	365
VC	1045	031	0	057	0	EI1	1
		032	0	058	0	EI2	0
		033	0	58C	0	EI3	2428
		036	0	059	0	EI4	364
		037	5083	060	364		

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 50 in full. Write Social Security # on check or money order and make payable to:

STATE OF NEW JERSEY -- TGI
If you have an amount due, enclose your check and NJ- 1040-V payment voucher and your return to: NJ Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645- 0111

IF REFUND: NJ Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647- 0555

Your Signature	Date	Spouse's Signature (If filing jointly, BOTH must sign)
Paid Preparer's Signature <i>Nela P. Rodriguez</i>		Federal Identification Number P00132865
Firm's Name HR TAX NORTH PLAINFIELD NJ NJ 07060-		Federal Employer Identification No. 13-0320593

NJ-1040/HR-1040 (2001)

PAGE 2

Name JIMENEZ MARIA	Social Security Number 608-88-4712
------------------------------	--

FILING STATUS 1. ☐ Single 2. ☐ Married, filing joint return 3. ☐ Married, filing separate return 4. ☒ Head of Household 5. ☐ Qualifying Widow(er)

EXEMPTIONS	
6. Regular	10. Number of other dependents
7. Age 65 or Over	11. Dependents attending colleges
8. Blind or Disabled	12. Totals (Line 12a -- Add Lines 6, 7, 8 and 11)
9. Number of qualified dependent children	(Line 12b -- Add Lines 9 and 10)

RESIDENCY STATUS 13. If you were a New Jersey resident for ONLY part of the From _____ To _____
taxable year, give the period of New Jersey residency: MONTH DAY YEAR MONTH DAY YEAR

GUBERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? ☐ Yes ☒ No
If joint return, does your spouse wish to designate \$1? ☐ Yes ☐ No

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	9,083.
15a. Taxable interest income	15a	
15b. Tax exempt interest income. DO NOT include on Line 15a	15b	
16. Dividends	16	
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	
18. Net gains or income from disposition of property (Schedule B, Line 4)	18	
19. Pensions, Annuities, a. Taxable Amount Received	19a	
and IRA Withdrawals b. Less N.J. Pension Exclusion	19b	
c. Subtract Line 19b from Line 19a	19c	
20. Distributive Share of Partnership Income (See instructions)	20	
21. Net pro rata share of S Corporation Income (See instructions)	21	
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22	
23. Net Gambling Winnings	23	
24. Alimony and separate maintenance payments received	24	
25. Other (See instructions)	25	
26. Total income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)	26	9,083.
27. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS.	27	
28. Other Retirement Income Exclusion (See Worksheet and instr.)	28	
29. New Jersey Gross Income (Subtract Line 28 from Line 26) See instructions	29	9,083.
30a. Exemptions: From Line 12a 1 x \$1,000 = 1,000.		
30b. From Line 12b 2 x \$1,500 = 3,000.		
30c. Total Exemption Amount (Add Line 30a and Line 30b) Part Year Residents see instructions	30c	4,000.
31. Medical Exp/Medical Savings Acct Contributions (See Worksheet and instr.)	31	
32. Alimony and Separate Maintenance Payments	32	
33. Qualified Conservation Contribution	33	
34. Total Exemptions and Deductions (Add Lines 30c, 31, 32 and 33)	34	4,000.
35. Taxable Income (Subtract Line 34 from Line 29) If zero or less, MAKE NO ENTRY	35	5,083.
36. Property Tax Deduction (See instructions)	36	
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35) If zero or less, MAKE NO ENTRY	37	5,083.
38. Tax (From Tax Tables)	38	0
39. Credit For Income Taxes Paid to Other Jurisdictions (See instructions)	39	
40. Balance of Tax (Subtract Line 39 from Line 38)	40	
41. Use Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO	41	0.
42. Total Tax (Add Line 40 and Line 41)	42	0.
43. Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099-R)	43	
44. Property Tax Credit (See instructions)	44	
45. New Jersey Estimated Tax Payments/Credit from 2000 tax return	45	
Check <input type="checkbox"/> if Form NJ-2210 is enclosed.		
46. New Jersey Earned Income Tax Credit	46	364.
47. EXCESS New Jersey UI/HC/WD Withheld (See instr.) (Enclose Form NJ-2450)	47	
48. EXCESS New Jersey Disability Insurance Withheld (See instr.) (Enclose Form NJ-2450)	48	
49. Total Payments/Credits (Add Lines 43 through 48)	49	364.

NJ-1040/HR-1040 (2001)

PAGE 3

Name JIMENEZ MARIA	Social Security Number 608-88-4712
------------------------------	--

50. If payments (Line 49) are LESS THAN tax (Line 42) enter AMOUNT OF TAX YOU OWE **50**
- If you owe tax, you may make a donation by entering an amount on Lines 53, 54, 55, 56, 57 and/or 58 and adding this to your check amount.
51. If payments (Line 49) are MORE THAN tax (Line 42) enter OVERPAYMENT **51** **364.**

NOTE: AN ENTRY ON LINES 52, 53, 54, 55, 56, 57 AND/OR 58 WILL REDUCE YOUR TAX REFUND.

Deductions from Overpayment on Line 51 which you elect to credit to:

- | | | |
|---|----|-------------|
| 52. Your 2002 tax | 52 | |
| 53. N.J. Endangered Wildlife Fund | 53 | |
| 54. N.J. Children's Trust Fund to Prevent Child Abuse | 54 | |
| 55. N.J. Vietnam Veterans' Memorial Fund | 55 | |
| 56. N.J. Breast Cancer Research Fund | 56 | |
| 57. U.S.S. New Jersey Educational Museum Fund | 57 | |
| 58. Other Designated Contribution | 58 | |
| 59. Total Deductions from Overpayment (Add Lines 52 through 58) | 59 | |
| 60. REFUND (Amount to be sent to you, Line 51 LESS Line 59) | 60 | 364. |

DIRECT DEPOSIT INFORMATION (ONLY FOR RETURNS WITH 2-D BARCODES)

'1' for Refund only, '2' for Homestead rebate only, '3' for both and '4' for no. ☐ Type of account ('C' for Checking, 'S' for Savings) ☐

Check Routing Number Account Number

EARNED INCOME TAX CREDIT SCHEDULE

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income Credit for 2001, your gross income on Line 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as your filing status on your Federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer "No" to question 1 below. See instructions.

1. Did you file a 2001 Federal Schedule EIC, on which you listed at least one "qualifying child"? ☒ Yes ☐ No
2. Fill in the box if you had the IRS figure your Federal Earned Income Credit. ☐
3. Enter the amount of Federal Earned Income Credit from your 2001 Federal Form 1040 or 1040A **3** **2,428.**
4. Enter 15% of amount on line 3 here and on Page 2, Line 46 **4** **364.**

2001 HR-1040 HOMESTEAD REBATE APPLICATION

7. On December 31, 2001 I (and/or my spouse) was: ☐ Age 65 or older ☐ Blind or disabled ☒ Not 65 or blind or disabled
- Fill in only one box. See instructions.
8. Enter the GROSS INCOME you reported on Line 29, Form NJ-1040 or see instructions. **8** **9,083.**
9. If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse's return (Line 29, Form NJ-1040) and check this box ☐ **9**
10. TOTAL GROSS INCOME (Add Line 8 and Line 9) **10** **9,083.**

STOP -- IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE.

11. Enter your NJ residence on Dec. 31, 2001 if different than above. If you were not a resident on Dec. 31, 2001 enter your last NJ residence.
Street Address _____ Municipality _____
12. Check your residency status during 2001: a. ☐ Homeowner b. ☒ Tenant c. ☐ Both
13. If you checked "Homeowner" or "Both" on Line 12, enter the block and lot number of the residence for which the rebate is claimed.
Block Lot Qualifier
- 14a. Did you live at more than one New Jersey residence during the year? ☐ Yes ☒ No
- b. Did you share ownership of a principal residence during the year with anyone, other than your spouse? ☐ Yes ☒ No
- c. Did any principal residence you owned during the year consist of multiple dwelling units? ☐ Yes ☒ No
- d. Did anyone, other than your spouse, occupy & share rent with you for an apt. or other rental dwelling during year? ☐ Yes ☒ No
- Home Owner 15. Total 2001 prop. taxes you (& your spouse) paid on your principal resid. in NJ during 2001 **15**
- 16a. Total Property taxes paid (Sch. HR-A, PART I, Line 5) **16a**
- 16b. Number of days as an owner (Sch. HR-A, PART I, Line 4) **16b**
17. Enter total rent you (and your spouse) paid on your principal residence in NJ during 2001. **17** **3,600.**
- Tenant 18a. Total Rent paid (Sch. HR-A, PART II, Line 11) **18a** **3,600.**
- 18b. Number of days as a tenant (Sch. HR-A, PART II, Line 10) **18b** **365**

I authorize the Division of Taxation to discuss my return and enclosures with my preparer. ☐

Name(s) as shown on Form NJ- 1040 JIMENEZ MARIA	Your social security number 608-88-4712
--	--

PART II: TENANTS**PRINCIPAL RESIDENCES YOU RENTED IN NEW JERSEY DURING 2001**

Street Address City or Town	Number of Days in 2001 in this unit as a TENANT (1)	Total number of tenants who shared the rent (2)	TOTAL RENT paid by all people living in this unit during this period (3)	TOTAL RENT paid by YOU (and YOUR SPOUSE) for this unit during this period (4)
7. 46 BLOSSOM ST EDISON NJ 08817	365		3,600.	3,600.
7a. <input type="checkbox"/> Check if you lived at this address on December 31, 2001 or if this was your last New Jersey address.				
8.				
9.				
10. Number of days as a tenant (total of Column 1) (Enter this number on Line 18b of the HR- 1040).	365			
11. Total Rent paid by all people at these addresses (total of Column 3) (Enter this number on Line 18a of the HR- 1040)			3,600.	
12. Total Rent paid by YOU (and YOUR SPOUSE) during 2001 (total of Column 4) (Enter this number on Line 17 of the HR- 1040)				3,600.

Also use 18% of this amount to complete either Line 1, Schedule 1, or Box 5a, Line 5, Schedule A.

INSTRUCTIONS FOR COMPLETING PART II**Lines 7 - 9**

Complete the street address, city, or town for each New Jersey address at which you lived during 2001 as a TENANT. List the addresses in reverse order, starting with your last New Jersey address as a tenant. If you lived at the address listed on Line 7 on December 31, 2001 or this was your last New Jersey address, check the box on Line 7a. Then work across, completing columns (1) - (4) for each address. The instructions for columns (1) - (4) follow.

If you were both an owner and a tenant at the same address, enter the requested information on the property on BOTH Part I and Part II of Schedule HR-A.

Column (1) Enter the number of days you lived at this address in 2001 as a tenant (e.g., 1 to 365).

Column (2) If you lived in an apartment or other dwelling unit which was occupied by more than one tenant who shared the rent (other than your spouse), enter the total number of tenants who shared the rent (including yourself).

Enter the name(s) and social security number(s) of all other tenants who shared the rent other than your spouse:

NAME _____ SS# _____

NAME _____ SS# _____

NAME _____ SS# _____

Column (3) Enter the total rent paid by all people who lived in this unit during this period.

Column (4) Divide the amount in column (3) by the number in column (2). Enter the result in column (4).
(For example, column (3) is \$1,000 and column (2) is 4. The calculation would be \$1,000 divided by 4 = \$250).

(9-01)

MARIA JIMENEZ
46 BLOSSOM ST
EDISON NJ 08817-

INVOICE DATE: 03/06/2002
SS NUMBER: 608-88-4712
TELEPHONE: 732-572-7182
INVOICE NO.: 173

INVOICE

Description

- 1 Form 1040A
- 1 Schedule EIC, Earned Income Credit
- 1 Form(s) W-2, Wage and Tax Statement
- 1 Form 8867, Earned Income Credit Checklist
- 1 Miscellaneous Worksheets
- 1 NJ State Resident Return

Remarks:

Total Charges	60.00
Discount	15.00
Sales Tax	
Payments	
Amount Due	45.00

In re:

Debtor(s)

Case No.

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 25 sheets, and that they are true and correct to the best of my knowledge, information, and belief.
(Total shown on summary page plus 1.)

Date 5/20/02

Signature: [Signature]

Debtor

Date

Signature: _____

(Joint Debtor, if any)

(If joint case, both spouses must sign.)

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.
(Total shown on summary page plus 1.)

Date

Signature: _____

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: *Maria Simenez De Ruchetti*

Debtor(s)

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-15 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 16-21. If the answer to any question is "None," or the question is not applicable, mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

☐ None 1. Income from Employment or Operation of Business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

1905.76

Give AMOUNT and SOURCE (if more than one).

☒ None 2. Income Other than from Employment or Operation of Business

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give AMOUNT and SOURCE.

3. Payments to Creditors

☒ None a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR, DATES OF PAYMENTS, AMOUNT PAID and AMOUNT STILL OWING.

☒ None b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR, DATE OF PAYMENT, AMOUNT PAID and AMOUNT STILL OWING.

4. Suits and Administrative Proceedings, Executions, Garnishments and Attachments

☒ None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give CAPTION OF SUIT AND CASE NUMBER, NATURE OF PROCEEDING, COURT OR AGENCY AND LOCATION and STATUS OR DISPOSITION.

☒ None b. Describe all property that has been attached, garnished, or seized under any legal or equitable process within one year

immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED, DATE OF SEIZURE and DESCRIPTION AND VALUE OF PROPERTY.

☒ None **5. Repossessions, Foreclosures, and Returns**

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR OR SELLER, DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN and DESCRIPTION AND VALUE OF PROPERTY.

6. Assignments and Receiverships

☒ None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF ASSIGNEE, DATE OF ASSIGNMENT and TERMS OF ASSIGNMENT OR SETTLEMENT.

☒ None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CUSTODIAN, NAME AND LOCATION OF COURT, CASE TITLE & NUMBER, DATE OF ORDER and DESCRIPTION AND VALUE OF PROPERTY.

☒ None **7. Gifts**

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF PERSON OR ORGANIZATION, RELATIONSHIP TO DEBTOR, IF ANY, DATE OF GIFT, and DESCRIPTION AND VALUE OF GIFT.

☒ None **8. Losses**

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give DESCRIPTION AND VALUE OF PROPERTY, DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS and DATE OF LOSS.

☐ None **9. Payments Related to Debt Counseling or Bankruptcy**

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

Give NAME AND ADDRESS OF PAYEE, DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR and AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY.

☒ None **10. Other Transfers**

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR, DATE, and DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED.

\$375.00 to Anna C. Little, Esq.

☒ None 11. Closed Financial Accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF INSTITUTION, TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE and AMOUNT AND DATE OF SALE OR CLOSING.

☒ None 12. Safe Deposit Boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY, NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY, DESCRIPTION OF CONTENTS and DATE OF TRANSFER OR SURRENDER, IF ANY.

☒ None 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR, DATE OF SETOFF and AMOUNT OF SETOFF.

☒ None 14. Property Held for Another Person

List all property owned by another person that the debtor holds or controls.

Give NAME AND ADDRESS OF OWNER, DESCRIPTION AND VALUE OF PROPERTY and LOCATION OF PROPERTY.

☒ None 15. Prior Address of Debtor

If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

Give ADDRESS, NAME USED and DATES OF OCCUPANCY.

Unsworn Declaration under Penalty of Perjury.

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 5/20/02 Signature of Debtor [Signature]

Date _____ Signature of Joint Debtor (if any) _____

_____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Maria JIMENEZ DE RECHETTI

Debtor(s)

Case No.
Chapter

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

1. I, the debtor, have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. My intention with respect to the property of the estate which secures those consumer debts is as follows:
 - a. Property to Be Surrendered.

Description of property	Creditor's name	H, W or J
none		

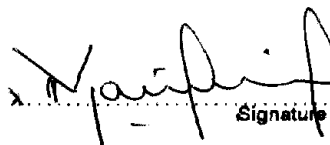
- b. Property to Be Retained (Specify Reaff'd, Red'd or Exempt to state debtor's intention concerning reaffirmation, redemption, or lien avoidance*.)

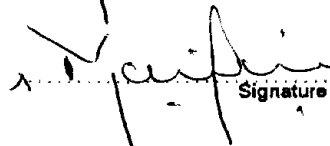
Description of property	Creditor's name	Reaff'd Red'd Exempt
46 Blossom St. Edison, NJ		
TV, Computer, Bedroom Set, dining set		Exempt
VCR, refrigerator, Stove		Exempt
assorted casual clothes		Exempt
the Robert Plan Retirement Savings Plan		Exempt

3. I understand that § 521(2)(B) of the Bankruptcy Code requires that I perform the above stated intention within 45 days of the filing of this statement with the court, or within such additional time as the court, for cause, within such 45-day period fixes.

Date: 5/20/02

- * Reaff'd - Debt will be reaffirmed pursuant to § 524(c)
- Red'd - Property is claimed as exempt and will be redeemed pursuant to § 722
- Exempt - Lien will be avoided pursuant to § 522(f) and property will be claimed as exempt


Signature of Debtor


Signature of Debtor

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re Debtor(s) Case No. (If Known)

CHAPTER 13 PLAN

(If this form is used by joint debtors wherever the word "debtor" or words referring to debtor are used they shall be read as if in the plural.)

1. The future earnings of the debtor are submitted to the supervision and control of the trustee and the debtor — debtor's employer shall pay to the trustee the sum of \$ weekly — bi-weekly — semi-monthly — monthly for a period of

2. From the payments so received, the trustee shall make disbursements as follows:

(a) Full payment in deferred cash payments of all claims entitled to priority under 11 U.S.C. §507.

(b) Holders of allowed secured claims shall retain the liens securing such claims and shall be paid as follows:

(c) Subsequent to — pro rata with dividends to secured creditors, dividends to unsecured creditors whose claims are duly allowed as follows:

N/A

3. The following executory contracts of the debtor are rejected:

Title to the debtor's property shall revert in the debtor on confirmation of a plan — upon dismissal of the case after confirmation pursuant to 11 U.S.C. §350.

Dated: X [Signature] Debtor X [Signature] Debtor

Acceptances may be mailed to Post Office Address

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re Maria JIMENEZ DE RECHETTI

Debtor(s)

Case No.

(If Known)

STATEMENT
Pursuant to Rule 2016(b)

The undersigned, pursuant to Rule 2016(b) Bankruptcy Rules, states that:

- (1) The undersigned is the attorney for the debtor(s) in this case.
- (2) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is:
 - (a) for legal services rendered or to be rendered in contemplation of and in connection with this case \$ 375.00
 - (b) prior to filing this statement, debtor(s) have paid \$ 375.00
 - (c) the unpaid balance due and payable is \$ 00.00
- (3) \$ 200.00 of the filing fee in this case has been paid.
- (4) The services rendered or to be rendered include the following:
 - (a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
 - (c) representation of the debtor(s) at the meeting of creditors.

none other

- (5) The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and

none other

- (6) The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and

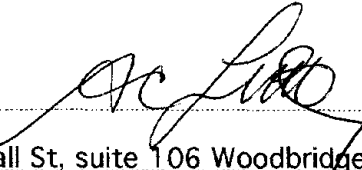
none other

- (7) The undersigned has received no transfer, assignment or pledge of property except the following for the value stated:

nothing

- (8) The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

not applicable

Dated: 5/20/02 Respectfully submitted,  Attorney for Petitioner

Attorney's name and address: Tunney and Little, L.L.C. 300 Kimball St, suite 106 Woodbridge, NJ 07095

BK 122
(8/84)

United States Bankruptcy Court

NOTICE TO INDIVIDUAL CONSUMER DEBTOR(S)

If you intend to file a petition for relief under the bankruptcy laws of the United States, and your debts are primarily consumer debts, the Clerk of Court is required to notify you of each chapter of the Bankruptcy Code under which you may seek relief. You may proceed under:

Chapter 7—Liquidation, or
Chapter 11—Reorganization, or
Chapter 13—Adjustment of Debts of an Individual
with Regular Income

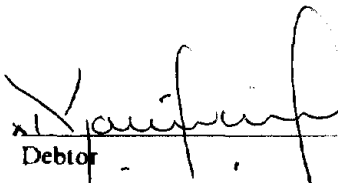
If you have any questions regarding the information contained in this notice, you should consult with your attorney.

Clerk of Court

ACKNOWLEDGMENT

I hereby certify that I have read this notice.

DATED: 5/20/02


Debtor

Joint Debtor, if any

INSTRUCTIONS: *If the debtor is an individual, a copy of this notice personally signed by the debtor must accompany any bankruptcy petition filed with the Clerk. If filed by joint debtors, the notice must be personally signed by each. Failure to comply may result in the petition not being accepted for filing.*

Fingerhut
P.O.Box 2900
St. Cloud, MN 56395-2900

PC Richards
c/o GE Capitol Cons Cardco
P.O.Box 90011557
Louisville KY 40290-1557

Chase
P.O.Box 15651
Wilmington, DE 19886-5651

Grolier Books
P.O.Box 6014
Jefferson City, MO 65102-6014

Sears
P.O.Box 182149
Columbus OH 43201-82149

Kohl's
P.O.Box 2983
Milwaukee, WI 53201-2983

Dymacol
3070 Lawson Blvd.
P.O.Box 9017
Oceanside, NY 11572-9017

Citi Cards
P.O.Box 8117
S. Hackensack, NJ 07606-8117

HRS USA
P.O.Box 17602
Baltimore, MD 21297-1602

Modern Diagnostic

P.O.Box 5299
Somerset, NJ 08875-5299

Capitol One
P.O.Box 85184
Richmond, VA 23285-5184

Macy's
P.O.Box 4564
Carol Stream IL, 60197-4564

Direct Merchants Bank
P.O.Box 17660
Baltimore, MD 21297-1660

Citi Platinum Card
P.O.Box 6500
Sioux Falls, SD 57117

The Home Depot Card
P.O.Box 105981 Dept. 51
Atlanta GA 30353-5981

Robert Wood Johnson
P.O.Box 2631
New Brunswick , NJ 08903